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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0631

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

42
+ 7 Refs.

Application Number

10/808,880

Filing Date

March 24, 2004

First Named Inventor

Steven M. WATKINS

Art Unit

1651

Examiner Name

S. Saucier

Attorney Docket Number

475512000400

ENCLOSURES (Check all that apply)☒ Fee Transmittal Form plus duplicate
for fee processing (2 pages)☐ Fee Attached☒ Amendment/Reply (19 pages)☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request (1 page)☐ Express Abandonment Request☒ Information Disclosure Statement
(3 pages)☐ Certified Copy of Priority
Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please
Identify below):

1. Declaration of Steven M. Watkins, Ph.D.
Pursuant to 37 C.F.R. § 1.132 with
Exhibits 1-5 (14 pages)
2. Form PTO/SB/08a/b + copy (2 pages)
3. Seven (7) References
4. Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

MORRISON & FOERSTER LLP (Customer No. 25226)

Signature

Printed name

Alicia J. Hager

Date

June 27, 2007

Reg. No.

44,140

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 596704489 US, on the date shown below in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: June 27, 2007

Signature: (Lori Sims)



PTO/SB/17 (06-07)
Approved for use through 06/30/2007. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	10/808,880
		Filing Date	March 24, 2004
		First Named Inventor	Steven M. WATKINS
		Examiner Name	S. Saucier
		Art Unit	1651
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	475512000400
TOTAL AMOUNT OF PAYMENT		(\$)	690.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
2. EXCESS CLAIM FEES							
						<u>Small Entity</u>	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
28		- 64 = 0	x 25.00 =	0.00	Fee (\$)		Fee Paid (\$)
					180.00		0.00
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1		- 3 = 0	x 100.00 =	0.00			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
	- 100 =	/ 50 =		(round up to a whole number) x 125.00 =	0.00		
4. OTHER FEE(S)							
						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1806 Submission of Information Disclosure Statement						180.00	
2253 Extension for response within third month						510.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,140
Name (Print/Type)	Alicia J. Hager	Telephone	(650) 813-4296
		Date	June 27, 2007